

N  
C  
C



**National Capital Consortium**  
UNIFORMED SERVICES UNIVERSITY  
OF THE HEALTH SCIENCES  
F. EDWARD HÉBERT SCHOOL OF MEDICINE  
4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799

## **GRADUATE MEDICAL EDUCATION COMMITTEE MEETING**

**7 May 2008 1500**

### **OPEN SESSION MINUTES**

The National Capital Consortium Graduate Medical Education Committee met Wednesday, May 7, 2008, 1500. A quorum was present.

#### **OLD BUSINESS:**

**Approval of Minutes:** The April 2, 2008, NCC GMEC Minutes were approved as amended.

- III.B.10.e** 1. **Continuing Program Director Searches:** NCC Pulmonary Critical Care Medicine Fellowship Program (**Initiated 08 Apr 08**) Pending Search Committee Nominee, **NCC Oral Maxillofacial Surgery Residency Program (Initiated 07 Jan 08)** Pending Board of Director concurrence on Search Committee recommendation, **NCC Vascular Surgery Fellowship Program (Initiated 07 Jan 08)**, Pending Search Committee Recommendation. Packet Forwarded on 1 April 08, **NCC General Preventive Medicine USUHS Program (Initiated 11 January 08)** **Has been approved by the** Board of Directors, an announcement will be made at the next meeting, **NCC Administrative Director Position (Initiated 14 Jan 08)** Pending Search Committee Recommendation, Packet Forwarded on 10 Apr 08, **NCC Anesthesiology Residency Program (Initiated 06 March 08)** Pending Board of Director approval on Proposed Search Committee Nominee Request, **NCC Pain Medicine Fellowship Program (Initiated 06 March 08)** Pending Search Committee Nominee

- III.B.10.e** 2. **Selections of NCC Program Directors:** **CDR Mark Miller, MC, USN**, was selected as Program Director for Sleep Medicine Fellowship Program, effective 28 April 2008; **LTC John Horwhat, MC, USA**, was selected as Program Director for Gastroenterology Fellowship Program, effective 1 July 2008.

3. **Selections of NCC Associate Program Directors are as follows:** None

The Committee voted without objection to approve the selections.

4. **Certificate of Appreciation:** – LTC Inku Hwang, MC, USA, Program Director, Gastroenterology Fellowship Program, 21 September 2004 – 01 July 2008

CDR Congratulations to all!

#### **NEW BUSINESS:**

**III.B.1 1.Resident Representative Issues:** Nothing reported.

**2. Committee Responsibilities:** Dr. Gunderson reported on behalf of the Internal Review Subcommittee. (Attachment1).

**III.B.11 1. Internal Review Tracking Issues:**

- a. The Clinical Neurophysiology (NIH) internal review has been scheduled for 30 April 2008 at 1400.
- b. The Orthopedics Program's Internal Review will be chaired by COL Hnatiuk and a date and time is still pending.
- c. The Radiation Oncology Program's Internal Review will be chaired by COL Gilliland.

**III.B.11**

**2. Internal Reviews:**

a. Allergy and Immunology Program:

1. Committee findings:

- i. Overall Statement of Program effectiveness: This is a healthy program. The curriculum is robust. The trainees and trainers are dedicated and academic. The ACGME competencies are implemented with well-developed assessment tools which produce data that is tracked by the program and fed back in for process improvement. The resulting product is outstanding, as evidenced by the fact that for the last 3 years the program has had a 100% board passage rate.
- ii. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

No citations listed on last accreditation letter; however, the ACGME did note during the last site visit that no midpoint internal review was performed. The internal review did take place at the midpoint, but at the time of the site visit the documentation was not located/available.

2. Correction of findings from last Internal Review:

- i. Concern: Program Letters of agreement with NIH need improvement to identify faculty who will assume educational and supervisory responsibility, and outline educational goals and objectives. Finding: All PLAs and MOUs have been recently updated and clearly outline educational goals and objectives, as well as identify faculty who are responsible for educational and supervisory responsibility. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- ii. Concern: Value of the NIH lecture series with regards to parking issues, time traveled, and suboptimal educational experience. Finding: The content of the NIH lecture series has been modified and the residents now participate through video teleconferencing which eliminates the parking and travel time issues. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iii. Concern: Design of clinic and office space is inadequate and at times offices must be used as clinic space. Finding: Upon starting the program, each fellow is informed that office space serves a dual purpose for office/clinic. The program has provided fellows with laptops in order to maximize the space efficiency. As always, there are operational constraints that may not be optimal, but must be adjusted for. Current residents did not have any negative comments on the dual purpose their office space must now serve. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iv. Concern: Program Director concerned that part-time clerical support is not adequate. Residents commented that PD needs more protected time in order to complete administrative duties. Finding: This remains a concern of the Program Director who would like to have funding allocated to hire a dedicated program coordinator. At this time, the PD continues to perform administrative duties. An administrative member of the department also assists with some clerical program



duties. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

3. Items from Resident or faculty assessment of the program:
  - i. Residents commented on the good mix of patients, especially pediatric cases.
  - ii. The residents commented on the improvement of the NIH lecture program and that the department has provided them each with office space and a laptop.
  - iii. Faculty expressed concerns over the future of the program due to BRAC and not knowing where the program may be relocated.
  - iv. Faculty also commented on the gaps in coverage due to deployments. So far, those gaps have been small (approximately two months) and have been easily adjusted for.
4. Items from the Program Director's assessment of the program:
  - i. The Program Director commented on the difficulties in spending NCC funds for his program. Although he acknowledged that these issues have been identified and discussed at recent GMEC meetings, he remains frustrated that travel policies affect how funds are used/not used (Army policy on permissive travel vs. Navy's no cost TAD). Using Program travel funds remains a complicated process.
  - ii. COL Nelson also expressed the need for dedicated funding to create a Program Coordinator position and would like to seek approval for using NCC funding for research purposes and for training on innovative teaching methods.
  - iii. Special Strengths: This is an excellent training program from the top down. The program directors are knowledgeable, organized and creative in training methods. The faculty is dedicated and academic. The trainees have high morale and perform well clinically and in the research arena.

5. Integration of ACGME Special Competencies:

III.B.6

Core Competency	Assessment tool	Outcomes tracked	Integration
Patient Care	Mini CEX Oral exam (among others)	Yes Semiannual resident review (S) Quarterly counseling session (Q)	Annual program review (A)
Medical knowledge	In training exam Simulation exercise (among others)	Yes S, Q, Board scores, In training exam	A
Interpersonal skill & communication	360 Simulation exercise OSCE or equivalent (among others)	Yes S, Q	A
Professionalism	360 Mini CEX (among others)	Yes S, Q	A
SBP	360 Mini CEX (among others)	Yes S, Q	A
PBLI	Chart stimulated recall Procedure/case logs (among others)	Yes S, Q	A

The program analyzes and cross-references data from exam/test scores. The program can compare themselves to national averages along with internalizing scores and assuring that lecture topics were adequately covered for any topic(s) in which a resident scores low. They then adjust their lecture/conference schedule accordingly.

6. A discussion of resident duty hours and the methods used to verify compliance with program specific duty hour requirements to include input from the residents. **Finding:** Residents are asked to initial a chart with the key ACGME criteria for duty hours and submit hours via the usual military reporting system for workload. Residents report no duty hour violations. The reviewers do not suspect work hour violations, but would point out that the trainee initialing that hours have not been violated in retrospect may be interpreted as lacking rigor and susceptible to coercion. Reliance on military reporting templates of hours is probably insufficient as well as they are often templates used repeatedly. Subcommittee on Internal Reviews: Although the Subcommittee is certain that the Allergy and Immunology Program does not violate duty hours, the Subcommittee



suggests that the Program Director use e\*valu for reporting duty hours. The Subcommittee requests a report from the Program Director for its November 2008 meeting. Amendment: After receiving additional input from the Program Director at the GMEC meeting, it was determined that this finding has been satisfactorily addressed and that no further follow-up is required.

7. Program Concerns: The program trains more than 4 fellows on average per year. The accreditation letter approves 4 per year for 2 years. Depending upon “subtleties” of the AI RRC, this may or may not constitute a major citation. It is recommended that the fellowship seek formal RRC approval for additional trainees as needed. Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director forward documentation approving the addition of 1 resident to the program by the July 2008 meeting.

### III.B.11

#### b. Clinical Neurophysiology Program:

##### 1. Committee findings:

- i. Overall statement of program effectiveness: The Program Director and faculty are proud of the graduating residents of this program and point to the high board percentage passage rate of their graduates as one measure of their quality. The residents and staff seemed genuinely happy with the training atmosphere and working conditions at this program.

2. List of citations and areas of non-compliance or any concerns or comments from previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

- i. Citation: **Lack of interaction with the core neurology and child neurology programs-** Finding: The curriculum has created several opportunities for the fellows to interact with the neurology residents while on shared EEG and EMG rotations with neurology residents at WRAMC and NIH. Subcommittee on Internal Reviews: The response is appropriate and the finding is resolved.
- ii. Citation: **Lack of experience in teaching neurology residents.** Finding: The fellows now contribute at least two didactic lectures during their fellowship to the NCC neurology residents at Walter Reed Army Medical Center. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iii. Citation: **The number of pediatric cases performed by fellows in EMG and EEG is insufficient to ensure an adequate educational experience.** Finding: The program has expanded the pediatric experience at both the NIH and CNMC. While the “adequate number” of pediatric experiences is not defined, the Program Director states that his last graduating EMG fellow performed and/or read approximately 50 EMGs and the last graduating EEG fellow performed or read more than 300 pediatric EEGs. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iv. Citation: **Faculty supervision at CNMC is inadequate.** Finding: In response, the fellow now performs EMGs under the direct supervision of the faculty and has a logbook for which the faculty supervisor must sign after each study. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

##### 3. Correction of findings from last Internal Review

- i. Concern: **Lack of demonstration of exposure to a wide range of neurological diagnoses.** Finding: A central database exists that is updated monthly that reflects each fellow’s list of patients evaluated, lectures attended, and teaching experiences. This database is reviewed periodically and annually to assess whether the fellows are receiving an adequate complement of patients, lectures, and teaching. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- ii. Concern: **Lack of documentation of “significant” clinical exposure to polysomnography.** Finding: A weekly polysomnography review is conducted at NIH. The number of cases thus far reviewed this academic year is 68. Since the last review, sleep medicine has become an independent specialty, but the NIH continues to enroll sleep studies as a part of ongoing protocols. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iii. Concern: **Suboptimal administrative coordination and interaction between cooperating institutions.** Finding: The interactions between the faculty at the



- different sites have increased with faculty meetings several times a year leading to jointly sponsored lectures and other educational forums. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- iv. Concern: A specific research goal is not discussed with fellows. Finding: On-going research projects are discussed with the fellows at the beginning of each year and fellows are encouraged to participate in on-going research or to formulate their own ideas. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
  - v. Concern: Fellows are not adequately conveyed the policies regarding the effect of leave of absences, moonlighting, etc. Finding: Each fellow signs the NCC Graduate Medical Education Training Agreement and is provided with a Fellowship Handbook from NIH. Both specifically outline the policy on moonlighting, work hours, and other policies. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
  - vi. Concern: No documentation of fellow's compliance to duty hours policy. Finding: The documentation of work hours was added to the central database in January 2008. The data is self-reported and is well within the 80 hour work week. Overnight in-house call for neurology patients which is optional only occurs 1-2 times per month. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
4. Any items from resident or faculty assessment of the program: None.
  5. Items from the Program Director's assessment of the program
    - i. The Program Director is still concerned about the number of procedures that are performed by his fellows, but states the number is clearly adequate. The number at NIH largely depends on the number enrolled in protocols and that number varies throughout the year, so he has sought out exposure to cases at other institutions.
  6. Special strengths:
    - i. The working atmosphere for the faculty and residents is very collegial, positive, and provides a great learning environment.
    - ii. The faculty is proud of the quality of the graduates of the program.
    - iii. Their board passage rate is commendable.
    - iv. The Program Director reviews the patients seen by the residents to ensure an adequate patient mix.
    - v. The facilities including call rooms, desk space, and support personnel are more than adequate.
    - vi. Incredible cooperation between the faculty at NIH, CNMC, and WRAMC.
    - vii. For the two positions, there are more than ten applicants for next year.
    - viii. Enviably high faculty to resident ratio.
  7. Integration of ACGME Special Competencies
    - i. Evaluation tools: Procedure logs, direct observation, chart review with required co-signatures, 360 degrees evaluations, and quarterly trainee evaluations by all faculty
    - ii. Outcome measures: Certification passage rate
    - iii. Process used to link educational outcomes with program improvement: Program Director, faculty, and fellows independently stated that changes to the program are made based on the annual review of the program.
    - iv. Resident duty hours and methods used to verify compliance: The documentation of work hours was added to the central database in January 2008. The data is self-reported and is well within the 80 hour work week. Overnight in-house call for neurology patients which is optional only occurs 1-2 times per month.
  8. Program concerns: None

### III.B.6

### III.B.11

3. Follow-up of Prior Reviews:
  - a. Anesthesiology:
    - i. Concern: The faculty perceive Command climate at NNM as not supportive of academic activity. Response: The primary objective, Objective 1.1, of the National Naval Medical Center (NNMC) Annual Plan 2008, reads, "Refine the framework for research to ensure quality, effectiveness, and sustainability by invigorating the research process and increasing the number of active protocols, the number of residents involved in research



and the number of presentations and publications.” Towards that end, the NNMC has supported the Department of Anesthesiology, enabling it to increase its full-time Anesthesiologist faculty, increase the number of subspecialty fellowship-trained Anesthesiologists, and appoint a new Departmental Research Coordinator. Full-time Anesthesiologist Faculty at NNMC has increased from 22 to 28 since the 30JUN2007 Internal Review Committee (IRC) review, allowing greater flexibility in accommodating the interests of the more academically oriented staff. Also since the time of the IRC review, the NNMC Department of Anesthesiology has increased the number of subspecialty fellowship-trained Anesthesiologists from five to six, with an additional three in fellowship training expected back to the department in July 2008. In addition, one NNMC Anesthesiologist has been given two academic/research days per week at the USUHS department of Anesthesiology. The NNMC Departmental Research Coordinator has already actively enlisted resident and staff involvement in three new clinical research projects currently under IRB review. Additionally, through NCC Anesthesiology Guest Speaker funds the NNMC Department of Anesthesiology Grand Rounds Coordinator has facilitated a monthly visiting lecture series presented by the academic faculty of the Mayo Clinic, Rochester, Department of Anesthesiology; this academically rigorous series has been an asset both in terms of educational content, and in terms of setting a high standard and example for the NNMC Department of Anesthesiology’s internal lectures. Prior to the RRC site visit the NCC Anesthesiology Program is planning to conduct an anonymous survey for the NNMC faculty to establish whether or not they perceive an improved command climate supportive of academic activity. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved. The Subcommittee supports the idea of a survey and requests that the Program Director submit the survey results to the Subcommittee on Internal Reviews once the survey has been completed.

### III.B.11

#### b. Pediatric Gastroenterology:

i. Concern: Limited nursing support. Response: We were able to hire an additional nurse for our service. She began work on 3 March 2008 and is wonderful. The main obstacles are the justification process, generating the necessary workload data, and the length of the process overall. However, despite this, the process of hiring this nurse was relatively painless, as the need was well recognized and agreed upon. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

### III.B.11

#### c. Neurology:

i. Citation: The program does not have adequate support staff. Response: The Adult Neurology Residency Program received a 5 year accreditation from the ACGME. The next site visit is tentatively planned for November 2012. One of the citations from the ACGME read, “The Program does not have adequate support staff”. This problem has already essentially been completely resolved. The department of neurology at WRAMC hired a program administrator whose sole responsibility is the administration of the Adult Neurology Residency, Pediatric Neurology Residency, and the Clinical Neurophysiology Fellowship. The person has been in this position since 18 Jan 2008, and has contributed significantly to the administrative and secretarial aspects for each of these residency programs. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

#### 4. ACGME Correspondence:

a. ABOG letter dated 31 March 2008 approving expansion of the OB/GYN program to a 4 year program to start in July 2009, approval of Fairfax hospital as a training site, and approval of starting one fellow each year versus two fellows every other year. A progress report has been requested to address fellow supervision at outlying training sites and mentoring of fellows during their research efforts. The report is due by 1 June 2008. Subcommittee on Internal Reviews: The Subcommittee reminds the Program Director that the progress report should be submitted to the Administrative Director by 15 May 2008.

### III.B.10.b

b. ACGME email dated 9 April 2008 approving a temporary increase in resident positions from 40 to 41 for the NNMC Internal Medicine Program.

### III.B.8

c. ACGME accreditation letter dated 8 April 2008 for the Dermatology Program for 3 years.

i. Citation #1: The program must take steps to assure that all residents are documenting



their surgical experience in the ACGME Case Log System.

Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director report steps being taken to assure residents log their surgical cases by its meeting in November 2008.

- ii. Citation #2: Board pass rates are below average and must be improved. 4 out of 17 residents failed to pass the ABD exam 2005-2007.

Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director outline steps that the program is taking to improve board passage rates by its meeting in November 2008.

- iii. Strengths/Areas of substantial improvement: The RRC commended the program for the steps already taken to improve the program to include having a single director and single chair, an increase in space and ancillary support for the program, and improved camaraderie and morale among faculty and residents. Access to AFIP and NIH have also strengthened the program.

### III.B.8

- d. ACGME accreditation ltr dtd 14 April 2008 for the General Preventive Medicine Program for 5 years.

- i. Citation #1: According to the resident survey, residents are not educated to recognize the signs of fatigue and adopt policies to prevent and counteract its potential negative effects.
- ii. Citation #2: According to the resident survey, residents' assessment did not include regular and timely feedback to the residents that includes at least semiannual written evaluations.
- iii. Citation #3: According to the resident survey, the assessment of residents does not include the use of assessment results, including evaluation by faculty, patients, peers, self and other professional staff to achieve progressive improvements in residents' competence and performance.
- iv. Program Strengths: The utilization of weekly summaries as a tool for resident learning and obtaining new competencies is commended (Best Practice). The practicum year is supported by robust educational experience and the pass rate on the certification exam is high (Commendation).
- v. Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director outline steps that the program is taking as corrective measures for each of the three citations above by its meeting in November 2008.

### III.B.8

- e. ACGME accreditation letter dated 14 April 2008 for the Occupational Medicine Program for 5 years with a Progress Report due by 3 Aug 2008.

- i. Citation #1: According to the site visitor, the program does not possess complete documentation of prior GME of the residents nor any evaluation of the past performance or competency of the entering residents.
- ii. Citation #2: According to the site visitor, the PD does not have all criteria in place to evaluate the effectiveness of the program in meeting its goals and objectives. No database is in place of all residents participating in the program and their professional status for the past 5 years.
- iii. Citation #3: The PIF contained inaccuracies and discrepancies.
- iv. Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director submit the progress report requested by the ACGME outlining corrective measure for the three citations above to the Subcommittee for review by its meeting in June 2008.

### III.B.10.b

- f. ACGME letter dated 21 April 2008 for the Otolaryngology Program approval for decrease in resident complement from 20 (4-4-4-4-4) to 15 (3-3-3-3-3) to begin with the 2008-2009 academic year.

### III.B.10.d

- g. ACGME letter dated 22 April 2008 for the Preventive Medicine Program approving addition of site to program (MITRE).
- h. ACGME letter dated 22 April 2008 notifying the Thoracic Surgery program of their upcoming site visit on 24 July 2008.

5. Subcommittee administrative matters: Assigning new rotation of Internal Review Chairs.

6. Resident surveys:

### III.B.4

- a. IM Infectious Disease PD response:



1. **Question #17 – Are there mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation?** *Response: The Program Director was unsure why 1/7 responses of “sometimes” were given. He notes that an open-door policy and a well-described alternate lane for complaints (the next person in the chain-of-command) which is available to all fellows. Subcommittee on Internal Reviews:* The Subcommittee would add the options of the Housestaff Council and Ombudsmen at both institutions as other options for communication of fellow concerns.
2. **Question #18 – How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?** *Response: It is puzzling to the PD as to why 2/7 residents indicated a lack of available resources in both print and electronic formats. Both WRAMC and NNMC have well-stocked fellow libraries, the hospital library is available 24 hours a day, and the fellows have access the USUHS LRC website. In addition, there are numerous on-line sites from which to download articles. Subcommittee on Internal Reviews:* The response is appropriate and no follow-up is required.
3. **Question #19 – Do your rotations and other major assignments emphasize clinical education over other concerns, such as fulfilling service obligations?** *Response: Without knowing the specifics of which rotation this refers to, the Program Director feels unable to address the responses of “sometimes” from 2/7 residents. The PD is investigating any potential concerns. Subcommittee on Internal Reviews:* The response is appropriate and no follow-up is required.

### III.B.5

#### b. IM Endocrinology:

1. **Question #2: Do the faculty spend sufficient time SUPERVISING the residents and fellows in your program?**
2. **Question #16: To what extent do trainees who are not part of your program interfere with your education?**
3. **Question #17: Are mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation?**
4. **Question #19: Do your rotations and other major assignments emphasize clinical education over other concerns, such as fulfilling service obligations?**
5. *Response: Due to the responses to the questions above, the Program Director extended the residents the opportunity to elaborate their concerns anonymously via a survey and at the bi-annual GME Training Committee Meeting. 4/6 residents completed the anonymous survey and did not identify any concerns in the areas covered by the resident survey. Negative responses to one or two of the questions appear to have been misunderstandings of the question by a lone respondent each time. The fellows received education on relevant policies and procedures and will be re-surveyed in the Fall of 2008.*
6. *Subcommittee on Internal Reviews:* The response is appropriate and no follow-up is required.

6. The next Subcommittee meeting is scheduled for 28 May 2008 at 1500, location to be determined.

The GMEC voted to approve the minutes with minor revisions.

### III.B.6

**3. Core Competencies Committee:** MAJ Klote was not in attendance.

### III.B.1

**4. Best Practices Presentation:** Dr. Wortman will report on use of Survey Monkey at the June Meeting.

### III.B.4

**5. Resident Work Hours Surveys:** Responses from programs not yet reported will be reviewed at the June meeting.

### III.B.1

**6. CHE Briefing and Questions:** At the April GMEC meeting, a number of concerns were raised concerning Continuing Health Education. As a result, Dr Dale Smith, Senior Vice President, CAPT Luke, Senior Executive Director and Ms Scherr, Director CHE, were in attendance to explain the new rules and implications of Continuing Health Education. Ms Scherr presented a PowerPoint presentation and supporting handouts which are attached to the original



copy of these minutes

- III.B.10.j 7. Voluntary withdrawal of Accreditation for CT Surgery:** The ACGME has approved the voluntary withdrawal of accreditation.
- III.B.10.j. 8. Transitional at NNMC:** The NCC is awaiting approval from the ACCGME to voluntarily withdraw accreditation of the NNMC Transitional Program. This action is part of the realignment to move the program into the new integrated program. The GMEC approved the action.
- III.B.3 9.MOUs:** Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses. MOUs more than five years old must be renewed.
- III.B.10.d**
- Proposed agreement with Anne Arundel Orthopedic Surgeons, PA, in Annapolis, Maryland. This agreement would allow physicians in the Consortium's Sports Medicine Fellowship Program to work under the supervision of Anne Arundel Orthopedic Surgeons physicians to provide care to members of the Bowie Baysox, LTC DeWeber. FP Sports Medicine, Program Director
  - Proposed Renewal of our omnibus GME agreement with Inova Health Care Services for Inova Fairfax Hospital.
  - Proposed agreement with the Joint Task Force National Capital Region Medical (JTF-NCRM) JTF-NCRM Rotation and the NCC Preventive Medicine Program. Col Dana Bradshaw
  - Proposed agreement with the Crozer-Keystone Health System's Delaware County Memorial Hospital in Drexel Hill, Pennsylvania.. This agreement would allow a physician in the Delaware County Memorial Hospital's Internship Program, to participate in clinical training with the Consortium's Radiation Oncology Residency Program during the period from 19 May through 15 June 2008. LTC John O'Connell, MD
  - Madigan Immunology with the Allergy Immunology - Dr.Nelson
  - US Park Police – WRAMC Internal Medicine – Dr. Sherner

The Committee voted unanimously to approve the MOUs.

#### **INFORMATION ITEMS:**

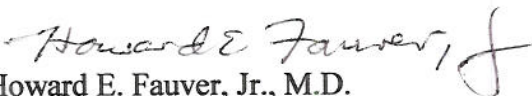
- III.B.2**
- III.B.2**
- All financial transaction requests must be submitted to the NCC GME office prior to the close of business (1600) on August 28, 2008
  - NCC FY09 Budget Call Due: May 9, 2008
  - Ribbon Cutting Ceremony Building E: May 15, 2008, 1000
  - NCC Staff relocating to Building E, 16-28 June 2008. More information to come.
  - Next Core Competency Committee Meeting: To be determined
  - Next GMEC Meeting: June 4, 2008, 1500.
  - Next Executive Committee Meeting: June 12, 2008, 1300, A2074, USUHS
  - NCC Graduation Practice: June 18, 2008, 1300, Strathmore
  - NCC Graduation: Friday, June 20, 2008, 10-12 noon, Strathmore
  - Next Board of Director's Meeting: July 29, 2008. Board of Regents, USUHS
  - Next Internal Review Subcommittee Meeting: May 28, 2008, 1530. Location to be determined.

**ITEMS FROM THE FLOOR:** None



The meeting adjourned at 1620.

A Closed Session followed

  
Howard E. Fauver, Jr., M.D.  
Administrative Director

*Note: Reference in the left margin represents functional area of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the eleven areas.*